PATENT APPLICATION FEE DETERMINATION RECORD. Effective COUNTY, 2003

Application or Docket Number

10/076389

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Column 1)		(Column 2)			TYPE		OR 1	SMALL		
<u> </u>			· · · · · · · · · · · · · · · · · · ·					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	P385	OR	BASIC FEE	3770	
TOTAL CHARGEABLE CLAIMS			minus 20= *		*	•		X\$ ₽ =		OR	X\$! Ø=		
INDEPENDENT CLAIMS			minus 3 = *					X43=		OR	×8b=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* 11	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	ļ	TOTAL	-	OR	TOTAL		
	C	LAIMS AS A (Column 1)	MENDED - PART II (Column 2) (C			(Column 3)		SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total .	. 16	Minus	** 20		= /.		X\$9=		OF	X\$(8=	٠.	
AME	Independent	* 2 ENTATION OF MI	Minus	*****	CI AILA	=		XX3=		OR	126		
	rinoi rnese	MIATION OF MI	JETIPLE DEF	PENDENT	CLAIM		۱ ا	+145 =		OR	-040-		
	•					TOTAL		OR	TOTAL ADDIT. F.E.E				
		(Column 1)		(Colum	nn 2)	(Column 3)		ADDIT. FEE			ADDIT. ISEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž.	Total	*	Minus	**		=		x19=	•	OR	x\$18=	7.)	
AME	Independent	*	Minus	***	• .	=-		X43=		OR	×86=		
	FIRST PRESENTATION OF M		JLTIPLE DEPENDEN		CLAIM		1	+145=		OR	+290=		
				-0.00 &			٠ ا	TOTAL ADDIT. FEE		OR	TOTAL ADDIT: FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)	Í	ADDIT: I CE			ADDII. 1 EE.		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		x\$9=		OR	X\$[8;=		
AME	Independent	*	Minus	***		=	t	x43=		OR	×86	<i>)</i>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						J ·	+ 45=		OR	+371©=		
*	f the entry in colur f the "Highest Nur	TOTAL			TOTAL								
***	f the "Highest Nu	mber Previously Pa ber Previously Paid ber Previously Paid	id For' IN THIS	S SPACE is	less than	n, 3, enter "3."	. ′	NDDIT. FEE L	ropriate box	'	ADDIT. FEE umn 1.		